

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

AC 1171 (Rev. 10/96)

STATE
OF
NEW YORK

STATE AID VOUCHER

Voucher No.

1 Originating Agency NYS Division of Homeland Security and Emergency Services		Orig. Agency Code 01077		Interest Eligible (Y/N) N	
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Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
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2 Payee ID	Additional 000	3 Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
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4 Payee Name (Limit to 30 spaces)			IRS Code	IRS Amount	
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Payee Name (Limit to 30 spaces)			Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
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Address (Limit to 30 spaces)				5 Ref/Inv. No. (Limit to 20 spaces)	
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Address (Limit to 30 spaces)				Ref/Inv. Date (MM) (DD) (YY)	
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City (Limit to 20 spaces) spaces	(Limit to 2 spaces)	State NY	Zip Code		
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Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		Contract #		

State Aid Program or Applicable Statute:	TOTAL		
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Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute: that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded. = Signature in Ink _____ Date _____ Title _____ Name of Municipality _____	Less Receipts		
	NET		
	State Aid % Claimed		

FOR STATE AGENCY USE ONLY STATE COMPTROLLER=S PRE-AUDIT

Merchandise Received _____ Date _____ _____ Page No. _____ _____ By _____	I certify that this claim is correct and just, and payment is approved.		State Aid		
	By _____		Verified	Certified For Payment of State Aid Amount	
	Date _____		Audited	By _____	

Expenditure Liquidation

Expenditure				Liquidation						
Cost Center Code			Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var		Yr	Dept.					

AC 1171
Reverse Side

INSTRUCTIONS FOR PREPARING STATE AID VOUCHER

Complete on typewriter, word processor or with pen and ink. Submit OSC and Agency copies to the State Agency administering the program.

2. Enter your 12 digit Municipality Code. The first 9 digits are entered in the APayee I.D.@ block. The last 3 digits are entered in the first 3 positions of the APayee Additional@ block.
3. Enter your Zip Code.
4. Enter the title of the fiscal officer, the municipality name and address as you wish it to appear on the check.
5. Enter in Rev/Inv. No. block, the information you will need in order to identify this payment. In no instance should this reference exceed 20 characters including spaces, commas, etc. The check stub issued to you will contain the information you furnish in this block, along with reference/invoice date, if entered in the block below Rev/Inv.No.
6. Enter in body of voucher all pertinent information required by the specific column heading or any other information required to support the claim. Duly authorized signature must be shown on supporting City of County vouchers.
7. Enter in appropriate block the State Aid Program or applicable statute under which claim is authorized.
8. Complete Payee Certification. Signature and title of the municipal officer, or duly authorized representative, must appear in the space provided. Sign declaration in ink - No Rubber Stamp.

If the space on this form is insufficient, start your claim on AContinuation Sheet@, Form AC 1172, and bring final total forward to this form.